

12-10-01

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PTO/SB/50 (4/98)

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12/06/01**REISSUE PATENT APPLICATION TRANSMITTAL**

Address to: Box Reissue Commissioner For Patents Washington, DC 20231	Attorney Docket No.	22728-06523
	First Named Inventor	David Green
	Original Patent Number	6,072,933
	Original Patent Issue Date (Month/Day/Year)	June 6, 2000
	Express Mail Label No.	EL566299796US

APPLICATION FOR REISSUE OF:
(check applicable box)

 Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form ((PTO/SB/56) (original only))		7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).	
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)		8. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
4. <input checked="" type="checkbox"/> Reissue Oath/Declaration (unsigned) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)		10. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12)	
5. Original U.S. Patent		11. <input checked="" type="checkbox"/> Preliminary Amendment and Statement of status/ support for all changes to the claims. See 37 CFR 1.173(c).	
<input type="checkbox"/> Original U.S. Patent for Surrender		12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input type="checkbox"/> Ribboned Original Patent Grant		13. <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Statement of Loss (PTO/SB/55)			
6. Original U.S. Patent currently assigned?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes, check applicable box(es))			
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		<small>*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</small>	

14. CORRESPONDENCE ADDRESS
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Name (Print/Type)	Rajiv P. Patel	Registration No. (Attorney/Agent)	39,327
Signature			Date
			December 6, 2001

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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
22728-06523**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate		
(A) 7	Total Claims (37 CFR 1.16(j))	(B) 138	*** 118 =	x \$ ____ =		or	x \$18.00 =	2124.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 10	* 7 =	x \$ ____ =			x \$84.00 =	588.00
Basic Fee (37 CFR 1.16(h))								
Total Filing Fee								

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 138	MINUS	** 20 =	* = 118	x \$ ____		or x \$18.00 =	2124.00
Independent Claims (37 CFR 1.16(i))	*** 10	MINUS	***** 3 =	= 7	x \$ ____		x \$84.00 =	588.00
Total Additional Fee						\$ ____	OR	\$2712.00

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. _____ in the amount of _____.
 A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
 A duplicate copy of this sheet is enclosed.

A check in the amount of \$ PLEASE DEFER to cover the filing fee is enclosed.

December 6, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Rajiv P. Patel, Reg. No. 39,327
 Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.